

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5						
6	3		/			
7	3		/			
8	3		/			
9	0		/			
10	/		/			
11	/		/			
12	2		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
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42	0					
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48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
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99						
100						
TOTAL IND.					9	
TOTAL DEP.					35	
TOTAL CLAIMS					44	